Fill in this information to identify your c	ase:	1 40	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known):	Chapter you are filing under:		
	Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is an
	✓ Chapter 13		amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Joseph government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). Landers Last Name Last Name Bring your picture identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name 3. Only the last 4 digits of xxx - xx - <u>9</u> <u>7</u> <u>1</u> <u>1</u> your Social Security number or federal OR OR Individual Taxpayer Identification number 9xx - xx -9xx - xx - \_\_\_\_ \_\_\_\_ (ITIN) 4. Any business names ☐ I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names

Business name

Business name

Debtor 1 Case 16-099  Joseph First Name	76 Doc 1 Filed 03/23/16 Entered	03/23/16 12:11:48 Desc Main			
i iist Naiile	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
		EIN			
5. Where you live		If Debtor 2 lives at a different address:			
	2339 N. Bosworth Apt1  Number Street	Number Street			
	Chicago         IL         60614           City         State         ZIP Code	City State ZIP Code			
	Cook				
	County	County			
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.			
	2339 N. Bosworth Apt1  Number Street	Number Street			
	P.O. Box	P.O. Box			
	ChicagoIL60614CityStateZIP Code	City State ZIP Code			
6. Why you are choosing	Check one:	Check one:			
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)			
Part 2: Tell the Cour	rt About Your Bankruptcy Case				
7. The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see No for Bankruptcy (Form 2010)). Also, go to the top of	otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.			
are choosing to file under	Chapter 7				
	☐ Chapter 11				
	Chapter 12				
	☐ Chapter 13				

Deb			Filed 03/23/16	Entered 03/ Page 3 of 45	/23/16 B <sup>umber (i</sup>	12:11:48	Desc Main
8.	First Name M  How you will pay the fee	court pay v	pay the entire fee when I for more details about how with cash, cashier's check, of If, your attorney may pay with the state of the sta	file my petition. For you may pay. Typor money order. If y	Please cho pically, if you	eck with the cloou are paying ney is submitti	erk's office in your local the fee yourself, you may ng your payment on your
			d to pay the fee in installriduals to Pay Your Filing Fe	•		-	attach the Application for
		By la than fee ir	uest that my fee be waive w, a judge may, but is not n 150% of the official poverty n installments). If you choo g Fee Waived (Official Form	equired to, waive you line that applies to se this option, you	our fee, and your fam must fill o	nd may do so nily size and yo out the Applica	only if your income is less ou are unable to pay the
9.	Have you filed for bankruptcy within the	<b>☑</b> No					
	last 8 years?	Yes.					
		District _		WI	hen MM / [	DD / YYYY	se number
		District _		WI	hen	DD / YYYY	se number
		District _		WI			se number
10.	Are any bankruptcy	<b>☑</b> No					
	cases pending or being filed by a spouse who is	☐ Yes.					
	not filing this case with	— Debtor			1	Relationship to	you
	you, or by a business partner, or by an affiliate?	District _			hen		se number,
	annato i				IVIIVI / L	און זיזיי/טט	MOWI
		Debtor _			1	Relationship to	you
		District _		Wi	hen		se number,
11.	Do you rent your residence?	✓ No. ☐ Yes.	Go to line 12.  Has your landlord obtaineresidence?  No. Go to line 12.  Yes Fill out Initial S	, 0	ment agaiı	·	you want to stay in your

and file it with this bankruptcy petition.

Deb	tor 1 Case 16-09976 L			Filed 03/23/16	Entered 03/23/16 Page 4 of 45	12:11:48 if known)	Desc Main
Pa		iddle N		sses You Own as a			
12.	Are you a sole proprietor of any full- or part-time business?	<b>V</b>		Go to Part 4. Name and location of bu	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any  Number Street			
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Health Care Busin Single Asset Real Stockbroker (as de	ess (as defined in 11 U.S.C. § Estate (as defined in 11 U.S.C. § fined in 11 U.S.C. § 101(53A) (as defined in 11 U.S.C. § 10	: ; 101(27A)) C. § 101(51B))	ZIP Code
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	car mo:	set ap st rece	opropriate deadlines. If you	the court must know whether you indicate that you are a sma ent of operations, cash-flow state exist, follow the procedure in	II business debto atement, and fed	or, you must attach your eral income tax return
	For a definition of small		No.	I am not filing under Ch I am filing under Chapte the Bankruptcy Code.	apter 11. er 11, but I am NOT a small bu	usiness debtor ac	cording to the definition in
	business debtor, see 11 U.S.C. § 101(51D).		Yes.	, ,	er 11 and I am a small busines	ss debtor accordi	ng to the definition in the
Pa	art 4: Report If You Ow	vn o	r Hav	e Any Hazardous P	roperty or Any Property	y That Needs	Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		No Yes.	What is the hazard?			
	safety? Or do you own any property that needs immediate attention?			If immediate attention is	s needed, why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number Street		

City

State

ZIP Code

Debtor 1

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Desc Main

Part 5:

# **Explain Your Efforts to Receive a Briefing About Credit Counseling**

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:** 

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before

I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

through the internet, even after I

reasonably tried to do so.

 □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me □ Disability. to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Debtor 1 Case 16-09976 Doc 1 Filed 03/23/16 Entered 03/23/16 12:11:48 Desc Main First Name Middle Name Desc Main Page 6 of 45

Р	art 6: Answer These C	≀uest	ons	tor Reporting F	urpos	ses			
16.	What kind of debts do you have?	16a		•	vidual pr b.	sumer debts? Consimarily for a personal			ined in 11 U.S.C. § 101(8) old purpose."
		16b		•	or invest c.	iness debts? Busin ment or through the o			s that you incurred to obtain iness or investment.
		16c	Sta	te the type of debts	you owe	e that are not consum	ner or busine	ess debt	S.
17.	Are you filing under Chapter 7?	<b>7</b>	No.	I am not filing und	ler Chap	ter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?		Yes.	-	•	•			t property is excluded and tribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?		1-49 50-99 100-9	199		1,000-5,000 5,001-10,000 10,001-25,000		50,0	01-50,000 01-100,000 e than 100,000
19.	How much do you estimate your assets to be worth?		\$50,0 \$100	50,000 001-\$100,000 1,001-\$500,000 1,001-\$1 million		\$1,000,001-\$10 mill \$10,000,001-\$50 mi \$50,000,001-\$100 n \$100,000,001-\$500	illion [ nillion [	\$1,00 \$10,0	0,000,001-\$1 billion 00,000,001-\$10 billion 000,000,001-\$50 billion e than \$50 billion
20.	How much do you estimate your liabilities to be?		\$50,0 \$100	50,000 001-\$100,000 1,001-\$500,000 1,001-\$1 million		\$1,000,001-\$10 mill \$10,000,001-\$50 mi \$50,000,001-\$100 n \$100,000,001-\$500	illion [ nillion [	\$1,00 \$10,0	0,000,001-\$1 billion 00,000,001-\$10 billion 000,000,001-\$50 billion e than \$50 billion
Ρ	art 7: Sign Below								
For	you		correc		and I de	eclare under penalty	of perjury th	at the in	formation provided is true
		or 1	3 of tit		•			-	ble, under Chapter 7, 11, 12, ach chapter, and I choose to
						not pay or agree to pand read the notice	•		not an attorney to help me C. § 342(b).
		I red	uest r	elief in accordance	with the	chapter of title 11, U	nited States	Code, s	specified in this petition.
		coni	nectio	•	case ca	n result in fines up to	•	•	ey or property by fraud in conment for up to 20 years,
		-		seph L Landers,		x			
			•	n L Landers, III, Deb			Signature		or 2
		E	:xecu	ted on <b>03/23/2016</b>			Executed	on	

MM / DD / YYYY

MM / DD / YYYY

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Robert J. Adams & Associates		Date	03/23/2016	
Signature of Attorney for Debtor			MM / DD / YYYY	
Robert J. Adams & Associates Printed name				
Robert J Adams & Associates				
Firm Name				
901 W Jackson Suite 202				
Number Street				
Chicago	IL		60607	
Chicago City	IL State		60607 ZIP Code	
City	State			

		Do	<u>cument Page 8 of</u> 4	45	
Fill in this info	rmation to id	dentify your case	and this filing:		
Debtor 1	Joseph	L	Landers, III		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bank	kruptcy Court for	r the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS		
Case number					Walte to an
(if known)				_	if this is an ed filing
					Ü
Official Form	106A/B				
					40/45
Schedule A/E	s: Property	y			12/15
			st an asset only once. If an ass		
			e as complete and accurate as p		
			ng correct information. If more write your name and case numb		
		<b>,</b>		,	, 4
Part 1: Des	cribe Each R	Residence, Buildir	ng, Land, or Other Real Es	tate You Own or Have	an Interest In
•	, ,	l or equitable interest	in any residence, building, land	, or similar property?	
No. Go to	re is the propert	v?			
_					
	-	•	of your entries from Part 1, incluite that number here	_	\$0.00
Part 2: Des	cribe Your V	ehicles			
_					
- ·	_		n any vehicles, whether they are also report it on Schedule G: Exec	_	•
, ou our mar come	0.00 0 00.	,	aloo (opon it oi) oonoaano oi =2.00	ratery communication and emorphi	
3. Cars, vans, tru	icks, tractors, s	sport utility vehicles, i	notorcycles		
□ No					
✓ Yes					
3.1.		Who has	an interest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Make:	BMW	Check one	• • •	amount of any secured clai	ms on <i>Schedule D:</i>
Model:	325i	للنا	r 1 only	Creditors Who Have Claim	s Secured by Property.
Year:	2002		r 2 only	Current value of the	Current value of the
Approximate mileag	e: <b>150,000</b>		r 1 and Debtor 2 only st one of the debtors and another	entire property? \$3,000.00	portion you own? \$3,000.00
Other information:				Ψ3,000.00	Ψ3,000.00
2002 BMW 325i (a miles)	approx. 15000	<b>—</b> .	k if this is community property		
•	craft. motor ho	`	recreational vehicles, other vehi	icles, and accessories	
			t, fishing vessels, snowmobiles, m		
<b>☑</b> No					
☐ Yes					
	-	•	of your entries from Part 2, inclu		¢2 000 00
entries for pag	es you have at	tached for Part 2. Wr	ite that number here	<b>→</b>	\$3,000.00
Part 3: Des	cribe Your P	ersonal and Hous	sehold Items		
	Odi 1	ana mou			

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

	(	Case 16-0997	6 Doc 1	Filed 03/23/16		Desc Main
Deb	tor 1	Joseph First Name	L Middle Name	Discident III	Page 9 of 45 umber (if known)	
6.	Examp	chold goods and furnoles: Major appliances	-	s, china, kitchenware		
	☐ No	es. Describe <b>use</b>	d furniture			\$100.00
7.	Electro Examp	oles: Televisions and			quipment; computers, printers, scanners; s, cameras, media players, games	
	☐ No	es. Describe 1 ye	ear old laptop,	old TV		\$500.00
8.		, .		•	books, pictures, or other art objects; , memorabilia, collectibles	
	✓ No	es. Describe				
9.			aphic, exercise, a	and other hobby equipmer ols; musical instruments	nt; bicycles, pool tables, golf clubs, skis;	
	✓ No	es. Describe				
10.	Examp	oles: Pistols, rifles, sh	notguns, ammuni	tion, and related equipme	ent	
	☐ Ye	s. Describe				
11.	Examp	oles: Everyday clothe	s, furs, leather co	oats, designer wear, shoe	s, accessories	
12	✓ Ye	es. Describe clot	hing			\$200.00
12.		gold, silver	y, costume jewel	ry, engagement rings, wed	dding rings, heirloom jewelry, watches, gems,	
	✓ No	es. Describe				
13.	Examp	arm animals oles: Dogs, cats, birds	s, horses			
	✓ No	es. Describe				
14.	did no	t list	ousehold items y	you did not already list,	including any health aids you	
	_	es. Give specific ormation				
15.					ny entries for pages you have	\$800.00
P	art 4:	Describe You	r Financial A	ssets		
Do	you ow	n or have any legal c	or equitable inte	rest in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examp	oles: Money you have petition	e in your wallet, ir	n your home, in a safe dep	posit box, and on hand when you file your	
	□ No				Cash:	\$2,000.00
	<b>√</b> Ye	······			Oasıı	ΨΞ,000.00

Case 16-09976 Filed 03/23/16 Entered 03/23/16 12:11:48 Desc Main Doc 1 Page 10 costs 45 mber (if known) Doewnertt Debtor 1 Middle Name First Name 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. **№** No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **☑** No ☐ Yes. Give specific information about Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **√** No ☐ Yes. Give specific information about them..... Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans **√** No Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **☑** No ☐ Yes..... Institution name or individual: 23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years) **☑** No Yes..... Issuer name and description: 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **☑** No Yes...... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c) 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit **☑** No ☐ Yes. Give specific information about them 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property; Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **☑** No ☐ Yes. Give specific information about them 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses **☑** No ☐ Yes. Give specific

information about them

Debt	tor 1	Joseph	L		<u>Doewheent</u>	<u> 1 Pa</u>	<u>.ge</u> 11	_ <b>Cat</b> s <b>41-5</b> umb	er (if known)	
Mon	ey or p	First Name roperty owed to		dle Name	Last Name		•			Current value of the
										portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to y	ou							
	✓ No	s. Give specific i	informatio	ın					Federa	ıl: <b>\$0.00</b>
	abo	out them, includir	ng whethe						State:	\$0.00
	•	d the tax years							Local:	\$0.00
29.	-	support les: Past due or	lump sum	alimony, spo	ousal support, child	d support,	mainten	ance, divorce	e settlement, propert	y settlement
	✓ No ☐ Ye	s. Give specific i	informatio	n					Alimony:	\$0.00
	_	·							Maintenance:	\$0.00
									Support:	\$0.00
									Divorce settlement	:: <b>\$0.00</b>
									Property settlemen	nt: <b>\$0.00</b>
	✓ No	compensation	on, Social	Security bene	payments, disabil efits; unpaid loans	-		•	pay, workers'	
31.	Examp No Per Cor	ts in insurance les: Health, disales. Name the insumpany of each podd list its value	bility, or li urance olicy	fe insurance; Company nar		count (HS	·	it, homeowne	r's, or renter's insura	urrender or refund value:
32.	Any in	terest in propert	t <b>y that is</b> y of a livir	due you from	n someone who h			·		antinuol oli lotalla value.
	✓ No ☐ Ye	s. Give specific i	informatio	n						
33.		•	•		you have filed a			a demand fo	r payment	
	✓ No ☐ Ye	s. Describe each	n claim							
34.		contingent and uto set off claims	-	ted claims of	every nature, inc	cluding co	ountercl	aims of the	debtor and	
	✓ No ☐ Ye	s. Describe each	n claim							
35.	Any fir	nancial assets ye	ou did no	t already list						
	✓ No	s. Give specific i	informatio	ın						
36.					om Part 4, includi					\$2,000.00

Debtor 1

Joseph

Doewnenti

Page 12 cols 45 mber (if known)

First Name Middle Name Last Name

#### Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5:

37.	Do you own or have any legal or equitable interest in any business-related property?	
	☑ No. Go to Part 6.	
	Yes. Go to line 38.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or commissions you already earned	
	✓ No  Yes. Describe	
39.	Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	
	✓ No ☐ Yes. Describe	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	✓ No  Yes. Describe	
41.	Inventory	
	✓ No ☐ Yes. Describe	
42.	Interests in partnerships or joint ventures	
	☑ No	
	Yes. Describe Name of entity:  % of ownership:	
43.	Customer lists, mailing lists, or other compilations	
	✓ No  Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  No Yes. Describe	
44.	Any business-related property you did not already list	
	✓ No ☐ Yes. Give specific information.	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	\$0.00
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an If you own or have an interest in farmland, list it in Part 1.	n Interest In.
46.	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?	
	✓ No. Go to Part 7.  ☐ Yes. Go to line 47.	

Joseph Doewnerenti Page 13 costs 45 imber (if known) Debtor 1 Middle Name First Name Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **√** No Yes.... 48. Crops--either growing or harvested **☑** No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes.... 50. Farm and fishing supplies, chemicals, and feed **☑** No ☐ Yes.... 51. Any farm- and commercial fishing-related property you did not already list **☑** No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have \$0.00 attached for Part 6. Write that number here..... Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **☑** No \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here..... Part 8: List the Totals of Each Part of this Form \$0.00 55. Part 1: Total real estate, line 2..... \$3,000.00 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 \$800.00 58. Part 4: Total financial assets, line 36 \$2,000.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal \$5,800.00 \$5,800.00 62. Total personal property. Add lines 56 through 61...... property total 63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$5,800.00

Filed 03/23/16

Doc 1

Entered 03/23/16 12:11:48

Desc Main

Case 16-09976

Debtor 1 Joseph L Double Page 14 Offs 45 mber (if known)

First Name Middle Name Last Name

Fill in this info	ormation to ide	entify your case	:		
Debtor 1	Joseph First Name	L Middle Name	Landers, III Last Name		
Debtor 2					
Spouse, if filing)	First Name	Middle Name	Last Name		
nited States Bar	nkruptcy Court for t	he: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS		
se number					
if known)					

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

P	art 1: Identify the Property You Cla	im as Exempt		
1.	Which set of exemptions are you claiming?  ✓ You are claiming state and federal nonbanl  ✓ You are claiming federal exemptions. 11 U	kruptcy exemptions.	even if your spouse is filing 11 U.S.C. § 522(b)(3)	with you.
2.	For any property you list on Schedule A/B that	at you claim as exen	npt, fill in the information l	below.
	ef description of the property and line on nedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
200	ef description <b>D2 BMW 325i (approx. 150000 miles)</b> e from <i>Schedule A/B:</i> <b>3.1</b>	\$3,000.00	\$2,400.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
use	of description ed furniture e from <i>Schedule A/B</i> :6	\$100.00	\$100.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
3.	Are you claiming a homestead exemption of a (Subject to adjustment on 4/01/16 and every 3 y  No Yes. Did you acquire the property covered No Yes	rears after that for cas	es filed on or after the date	•

Debtor 1

Joseph L Document Page 16 of 45 Case number (if known)
First Name Middle Name Last Name

Part 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description  1 year old laptop, old TV  Line from Schedule A/B:7	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description clothing Line from Schedule A/B:11	\$200.00	\$200.00  100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a), (e)
Brief description  cash  Line from Schedule A/B:16	\$2,000.00	\$2,000.00 100% of fair market value, up to any applicable statutory	735 ILCS 5/12-1001(b)

limit

Fill in this inf	ormation to ic	lentify your case:	nnen Pane i	7-01 45	
Debtor 1	Joseph First Name	<b>L</b> Middle Name	Landers, III Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bar	nkruptcy Court for	the: <b>NORTHERN D</b>	STRICT OF ILLINOIS	_	
Case number (if known)				Check if this is an amended filing	
Official Form	106D				
		Who Have Cla	ims Secured by P	roperty	12/15
correct informatio	on. If more space	is needed, copy the		er, both are equally responsible for supplying number the entries, and attach it to this form	
1. Do any credit	tors have claims	secured by your prop	perty?		
التا	ck this box and su in all of the inform		ourt with your other schedul	es. You have nothing else to report on this form	
Part 1: Lis	t All Secured	Claims			

 List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the value of collateral

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

				Document	Page 18 d	of 45		
	ill in this inf	ormation to ider	tify your ca	ase:				
De	ebtor 1	Joseph	L	Landers,	III			
		First Name	Middle Name	Last Name				
De	ebtor 2							
(S	pouse, if filing)	First Name	Middle Name	Last Name				
Ur	nited States Bar	nkruptcy Court for the	: NORTHER	N DISTRICT OF I	LLINOIS			
	ase number known)						Check if this is a amended filing	an
						J	· ·	
∩f	ficial Form	106E/E						
Sc	hedule E/	F: Creditors \	Who Have	<b>Unsecured</b>	Claims			12/15
clai on S Do I If m to tl	ms. List the or Schedule A/B: not include any ore space is no his page. On the	ther party to any exc <i>Property</i> (Official Fo y creditors with part	ecutory controperm 106A/B) a dially secured t you need, fil onal pages, w	acts or unexpired lo and on Schedule G claims that are list Il it out, number the rite your name and	eases that coul : Executory Coled in Schedule e entries in the	aims and Part 2 for o d result in a claim. <i>I</i> ntracts and Unexpire D: Creditors Who H boxes on the left. A if known).	Also list executor ed Leases (Officia old Claims Secur	y contracts I Form 106G). ed by Property.
1.	•	ors have priority un	secured clain	ns against you?				
	□ No. Go t ✓ Yes.	o Part 2.						
2.	claim. For each show both price more space is	ch claim listed, identi ority and nonpriority a	fy what type of mounts. As m nsecured clain	claim it is. If a clair such as possible, list	n has both priori the claims in al	insecured claim, list the strong of the secured claim, list the strong of the secure that the	ounts, list that clair	n here and or's name. If
	(For an explan	nation of each type of	claim, see the	instructions for this	form in the inst	ruction booklet.		
			,			Total claim	Priority	Nonpriority
							amount	amount
2	.1					\$3,500.00	\$3,500.00	\$0.00
Rol	 bert J. Adams	s & Associates			_			
	rity Creditor's Nam			Last 4 digits of ac				
Num	W. Jackson, ber Street	, Suite 202		When was the dek	ot incurred?	03/23/2016		
				As of the date you	file, the claim	is: Check all that app	ly.	
				Contingent				
Chi	icago	IL 60	607	Unliquidated Disputed				
City			Code	ш .				
	o incurred the	debt? Check one.		Type of PRIORITY		im:		
ڪ	Debtor 1 only Debtor 2 only			Domestic supp	-	you owe the governm	ont	
Ħ	Debtor 1 and D					you owe the governm ijury while you were	CIII	
Ī	At least one of	the debtors and anot	her	intoxicated	•	, , : , : : . : . : . : . : . : . : . :		
_		laim is for a commu	ınity debt	Other. Specify				
	ne claim subje	ct to offset?		Attorney fee	s for this case	9		
	No Yes							

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Debtor 1 Joseph L Landers, III Page 19 of 45

First Name Middle Name Last Name

# Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured	ciains against you:
<ul><li>No. You have nothing to report in this part</li><li>✓ Yes</li></ul>	. Submit this form to the court with you other schedules.
If a creditor has more than one nonpriority unser type of claim it is. Do not list claims already incl	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what luded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
	Total claim
4.1	\$400.00
AT&T Nonpriority Creditor's Name	Last 4 digits of account number
PO Box 5093	When was the debt incurred?
Number Street Carol Stream, IL 601975093	As of the date you file, the claim is: Check all that apply.
Caror Stream, IL 00 197 3093	_ ☐ Contingent ☐ Unliquidated
	Disputed
City State ZIP Code	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.	Student loans
Debtor 1 only	Obligations arising out of a separation agreement or divorce
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	that you did not report as priority claims
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
Check if this claim is for a community debt	Utility
Is the claim subject to offset?	·
<b>☑</b> No	
Yes	
4.2	\$500.00
Bank of America	Last 4 digits of account number
Nonpriority Creditor's Name PO Box 84006	When was the debt incurred?
Number Street	As of the date you file, the claim is: Check all that apply.
	_ Contingent
	☐ Unliquidated ☐ Disputed
Columbus GA 31908	
City State ZIP Code  Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:
Debtor 1 only	Student loans
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts
At least one of the debtors and another	Other. Specify
Check if this claim is for a community debt	bank fees
Is the claim subject to offset?  ☑ No	
Yes	

Debtor 1

Joseph L
First Name Middle Name

Document Landers, III Page 20 of 45 Case number (if known)

Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
4.3		\$5,000.00
City of Chicago-tickets	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Dept. of Revenue  Number Street	As of the date you file, the claim is: Check all that apply.	
121 N. LaSalle St., Room 107A	_ ☐ Contingent	
	Unliquidated	
Chicago IL 60602	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Other	
Is the claim subject to offset?		
☑ No		
Yes		
4.4		\$400.00
Comcast	Last 4 digits of account number	<b></b>
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 3002		
Number Street	As of the date you file, the claim is: Check all that apply.      Contingent	
	Unliquidated	
Southoostorn DA 10209	Disputed	
Southeastern PA 19398 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Other	
Is the claim subject to offset?	Other	
✓ No		
Yes		
4.5		
4.5		\$1,500.00
ComEd Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 6111	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
City State ZIP Code	Towns of MONERPLORITYsees	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
— Object 1601 to a letter to fee a community of the	Other. Specify	
	Utility	
Is the claim subject to offset?  No		
Yes		

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Debtor 1

Joseph

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Case number (if known)

First Name Middle Name

Last Name

Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them previous page.	sequentially from the	Total claim
4.6		\$1,232.00
Contract Callers, Inc.	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name 501 Greene Street	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
3rd Floor, Suite 302	Contingent	
	☐ Unliquidated ☐ Disputed	
Augusta GA 30901		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans  Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for -	
Is the claim subject to offset?  ✓ No  ✓ Yes		
4.7		\$170.00
DIVERSIFIED CONSULTANTS  Nonpriority Creditor's Name	Last 4 digits of account number	
P.O.Box 551268	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
	Disputed	
JacksonvilleFL32255CityStateZIP Code	Turns of NONDRIORITY arrassoured stains	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify Collecting for -	
Is the claim subject to offset?		
√ No		
Yes		
4.8		\$713.00
ENHANCED RECOVERY COMPANY	Last 4 digits of account number	
Nonpriority Creditor's Name P.O.Box 57547	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
·	Disputed	
JacksonvilleFL32241CityStateZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
	Collecting for -	
Is the claim subject to offset?  ✓ No  ✓ Yes		

Debtor 1

First Name Middle Name Last Name

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Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.9 \$5,500.00 Last 4 digits of account number Medical Business Bureau, Inc. Nonpriority Creditor's Name When was the debt incurred? PO Box 1219 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed 60068-7219 Park Ridge ш City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No ☐ Yes 4.10 \$51.00 Last 4 digits of account number **Merchants Credit Guide** Nonpriority Creditor's Name When was the debt incurred? 223 W Jackson BLVD As of the date you file, the claim is: Check all that apply. Number <u>Suite</u> 900 ☐ Contingent Unliquidated Disputed 60606-6908 Chicago ш State City ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Other Is the claim subject to offset? No  $\overline{\mathbf{Q}}$ Yes П 4.11 \$1,500.00 Last 4 digits of account number **Peoples Gas** Nonpriority Creditor's Name When was the debt incurred? n/k/a People's Energy As of the date you file, the claim is: Check all that apply. Number Street 200 E. Randoph Contingent Unliquidated Disputed Chicago Ш 60687-6207 City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\square$ ☐ Check if this claim is for a community debt

**☑** No Yes 

Is the claim subject to offset?

Utility

Debtor 1

Joseph L
First Name Middle Name

Document Landers, III

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Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.12 \$0.00 Last 4 digits of account number Saint Mary & Elizabeth Hospital Nonpriority Creditor's Name When was the debt incurred? 2233 W. Division St. As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Chicago ш 60622 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.13 \$0.00 Last 4 digits of account number Secretary of State Nonpriority Creditor's Name When was the debt incurred? **Drivers Service Department** As of the date you file, the claim is: Check all that apply. Number Street **Parking Citation Section** Contingent Unliquidated Disputed **Springfield** ш 62723 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Notice Only** Is the claim subject to offset? **☑** No Yes П 4.14 \$500.00 Last 4 digits of account number **Sprint** Nonpriority Creditor's Name When was the debt incurred? P.O.Box 600760 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed **Jacksonville** 32260-0670 State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify  $\square$ 

✓ No ☐ Yes

Is the claim subject to offset?

☐ Check if this claim is for a community debt

Utility

Debtor 1

Joseph L
First Name Middle Name

Document Landers, III

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. <b>\$0.00</b>
	6b.	Taxes and certain other debts you owe the government	6b. <b>\$0.00</b>
	6c.	Claims for death or personal injury while you were intoxicated	6c. <b>\$0.00</b>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	<sup>6d.</sup> +\$3,500.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d. <b>\$3,500.00</b>
			Total claim
Total claims from Part 2	6f.	Student loans	6f. <b>\$0.00</b>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <b>\$0.00</b>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. <b>\$0.00</b>
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	<sup>6i.</sup> +\$17,466.00
	6j.	Total. Add lines 6f through 6i.	6j. <b>\$17,466.00</b>

Fill in this information to identify your case:					
Debtor 1	Joseph First Name	<b>L</b> Middle Name	Landers, III Last Name		
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name		
United States B	Sankruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS		
Case number (if known)					

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

		Do	rument Page 26	3_of 45	
Fill in this info	ormation to id	entify your case	:		
Debtor 1	Joseph First Name	<b>L</b> Middle Name	Landers, III Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bar	nkruptcy Court for t	the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS	_	
Case number (if known)				☐ Check if this is an amended filing	
Official Form  Schedule H:		btors			12
two married peopl needed, copy the	le are filing togeth Additional Page, f	ner, both are equally fill it out, and numbe	responsible for supplying or the entries in the boxes o	Be as complete and accurate as possible. If correct information. If more space is on the left. Attach the Additional Page to this nown). Answer every question.	
1. Do you have a  No Yes	any codebtors?	(If you are filing a joi	int case, do not list either spo	ouse as a codebtor.)	
				ory? (Community property states and territories Fexas, Washington, and Wisconsin.)	
✓ No. Go to  Yes. Did  No  No  Yes		ner spouse, or legal e	quivalent live with you at the	time?	
3. In Column 1,				ebtor if your spouse is filing with you. List the or cosigner. Make sure you have listed the	

creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use

Column 1: Your codebtor

Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

		Doc	ument Pa	nge 2	7 of	45	
Fill in this infor	mation to identif	y your case:					
Debtor 1	Joseph	L	Landers	III			
	First Name	Middle Name	Last Name			— Che	ck if this is:
Debtor 2						_ _	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name				A supplement showing postpetition
United States Bar	nkruptcy Court for the:	NORTHERN	DISTRICT OF IL	LINOIS	3	_  □	chapter 13 income as of the following d
Case number (if known)				_			
(ii kiiowii)							MM / DD / YYYY
Official Form 1	1061						
Schedule I: Y	our Income						12
include information about your spouse. your name and case	about your spouse.	If you are separ ded, attach a se Answer every c	rated and your spo eparate sheet to th	use is	not fili	ng with y	spouse is living with you, ou, do not include information any additional pages, write
Fill in your empinformation.	oloyment		Debtor 1				Debtor 2 or non-filing spouse
If you have more		wmont status	_				
job, attach a sep with information		yment status	<ul><li>✓ Employed</li><li>✓ Not employed</li></ul>	ed			☐ Employed ☐ Not employed
additional emplo	oyers. Occup	nation	Server/Barten				
Include part-time			00.10.754.101.	<u></u>			_
or self-employed		yer's name	Old Stl				
Occupation may student or home applies.	=p.c	yer's address	1027 W. Madis	on			Number Street
							_
			Chicago	II	L 6	0607	
			City	S	tate Z	ip Code	City State Zip Code
	How I	ong employed t	here? 8 mos				
		. ,					
Part 2: Give	Details About Mo	onthly Incom	e				
Estimate monthly in	come as of the date	ou file this forr	n. If you have noth	ing to re	eport fo	or any line	, write \$0 in the space. Include your
0 .	ess you are separated				, ,		
•	ng spouse have more to e, attach a separate sh		er, combine the info	ormatior	n for all	employe	rs for that person on the lines below. If
				F -	or Deb	otor 1	For Debtor 2 or non-filing spouse
	oss wages, salary, and nos). If not paid monthle			2.	\$2	,556.67	
3. Estimate and li	st monthly overtime	oay.		3. +		\$0.00	
4. Calculate gross	s income. Add line 2	+ line 3.		4.	\$2	,556.67	

Official Form 106I Schedule I: Your Income page 1

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Debtor 1 Joseph First Name Middle Name

				F -	For Debtor 1	For Debte	or 2 or g spouse	
	Сор	y line 4 here	······	4.	\$2,556.67			
5.	List	all payroll ded	ductions:			'		
	5a.	Tax, Medicar	e, and Social Security deductions	5a.	\$487.50			
	5b.	Mandatory co	ontributions for retirement plans	5b.	\$0.00			
	5c.	Voluntary co	ntributions for retirement plans	5c.	\$0.00			
	5d.	Required rep	ayments of retirement fund loans	5d.	\$0.00			
	5e.	Insurance		5e.	\$0.00			
	5f.	Domestic sup	pport obligations	5f.	\$0.00			
	5g.	Union dues		5g.	\$0.00			
	5h.	Other deduct Specify:	ions.	5h. <b>+</b>	\$0.00			
6.	Add 5g +	the payroll de	<b>eductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.	\$487.50			
7.	Calc	culate total mo	onthly take-home pay. Subtract line 6 from line 4.	7.	\$2,069.17			
8.	List	all other inco	me regularly received:					
		Net income fr	rom rental property and from operating a ofession, or farm	8a.	\$0.00			
		gross receipts	ment for each property and business showing , ordinary and necessary business expenses, and hly net income.					
	8b.	Interest and o	dividends	8b.	\$0.00			
		Family suppo	ort payments that you, a non-filing spouse, or a gularly receive	8c.	\$0.00			
		Include alimor	ny, spousal support, child support, maintenance, ment, and property settlement.					
	8d.	Unemployme	nt compensation	8d.	\$0.00			
	8e.	Social Securi	ity	8e.	\$0.00			
	8f.	Include cash a cash assistand (benefits under	ment assistance that you regularly receive assistance and the value (if known) or any nonce that you receive, such as food stamps or the Supplemental Nutrition Assistance Program)					
		or housing sul	osidies.	01				
		Specify:		_ 8f.	\$0.00			
	_		etirement income	8g.	\$0.00			
	8h.	Other monthl Specify:	y income.	8h. <b>+</b>	\$0.00			
9.	Add	all other inco	<b>me.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00			
10.			r income. Add line 7 + line 9. ine 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,069.17	+		\$2,069.17
11.	Inclu		ular contributions to the expenses that you list in S ns from an unmarried partner, members of your housel			r roommate	s, and othe	r
	Do r	not include any	amounts already included in lines 2-10 or amounts that	at are no	ot available to pay e	expenses lis	ted in Sche	dule J.
	Spe	cify:					_ 11. +	\$0.00
12.	inco	me. Write that	n the last column of line 10 to the amount in line 11. amount on the Summary of Your Assets and Liabilitie				12.	\$2,069.17 Combined
12		applies.	increase or decrease within the year after you file	thic form	m2			monthly income
٠.	₩,	No.	None.	10/1				
		Yes. Explain:	None.					
	П	res. Explaiff:						

Case 16-09976 Doc 1 Filed 03/23/16 Entered 03/23/16 12:11:48 Desc Main Page 29 of 45 Document Fill in this information to identify your case: Check if this is: ☐ An amended filing Debtor 1 Joseph Landers, III First Name Middle Name Last Name A supplement showing postpetition chapter 13 expenses as of the Debtor 2 following date: (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS MM / DD / YYYY Case number (if known) Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents?  $\sqrt{\phantom{a}}$ No Dependent's relationship to Dependent's Does dependent Yes. Fill out this information Do not list Debtor 1 and Debtor 1 or Debtor 2 live with you? age for each dependent..... Debtor 2. No Yes Do not state the dependents' No names. П Yes No П Yes No Yes No 3. Do your expenses include M No expenses of people other than Yes yourself and your dependents?

# Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

u	ch assistance and have included it on Schedule I: Your Income (Official Form 106I.)	Your expenses		
	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4.	\$1,000.00	
	If not included in line 4:			
	4a. Real estate taxes	4a		
	4b. Property, homeowner's, or renter's insurance	4b		
	4c. Home maintenance, repair, and upkeep expenses	4c		
	4d. Homeowner's association or condominium dues	4d.		

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Debtor 1 Joseph

First Name

Middle Name

Last Name

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Your expenses 5. Additional mortgage payments for your residence, such as home equity loans 5 **Utilities:** 6a. Electricity, heat, natural gas 6a. \$200.00 6b. Water, sewer, garbage collection 6b. Telephone, cell phone, Internet, satellite, and 6c. \$70.00 cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$300.00 8. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning \$50.00 9. Personal care products and services 10. \$24.00 Medical and dental expenses 11. \$50.00 12. Transportation. Include gas, maintenance, bus or train 12. \$200.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. magazines, and books 14. Charitable contributions and religious donations 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. \$50.00 15c. Vehicle insurance 15c. Other insurance. Specify: 15d. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. Other. Specify: 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 19. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e.

		Case 16-09976	::11:48	Desc Main			
Deb	tor 1	Joseph L Document Page 31 of 45 Case number	r (if known)				
	F	First Name Middle Name Last Name					
21.	Other	r. Specify:	21. +				
22.	Calcu	late your monthly expenses.					
	22a.	Add lines 4 through 21.	22a	\$1,944.00			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$1,944.00			
23.	Calcu	ulate your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,069.17			
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b>	\$1,944.00			
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$125.17			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you file this form?					
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
		No.					
	□ `	Yes. Explain here: None.					
		1.55.5.					

	Case	e 16-09976	Doc 1		)3/23/16 iment	Entero	ed 03/23 2_of 45	3/16 12:	:11:48	Desc Main
Fil	l in this inf	ormation to id	dentify you	ır case:						
Dek	otor 1	Joseph First Name	L Middle Na	ame	Landers, Last Name	III	_			
	otor 2 ouse, if filing)	First Name	Middle Na	ame	Last Name		_			
Uni	ted States Ba	inkruptcy Court for	r the: NORTI	HERN DIS	TRICT OF I	LLINOIS	_			
	se number (nown)								_	if this is an ed filing
		106Sum	ate and I	iabilitio	s and Co	ortain S	tatistica	l Inform	nation	12/15
Be a	s complete a	nd accurate as p	ossible. If tw	o married	people are fi	iling togeth	er, both are	equally re	sponsible f	for supplying
		ou file your origi						-		
Pa	rt 1: Su	mmarize You	r Assets							
				_,						Your assets Value of what you own
		3: Property (Officia								\$0.00
	1a. Copy line	e 55, Total real es	tate, from Sch	nedule A/B.						
	1b. Copy line	e 62, Total person	al property, fr	om Schedu	le A/B					\$5,800.00
	1c. Copy line	e 63, Total of all p	roperty on Sc	hedule A/B.						\$5,800.00
Pa	rt 2: Su	mmarize You	r Liabilities	<b>;</b>						
										Your liabilities Amount you owe
		Creditors Who Ha e total you listed in		-			,	Part 1 of S	chedule D	\$0.00
		: Creditors Who Fe total claims from				•	Schedule E/I	=		\$3,500.00
:	3b. Copy the	e total claims from	Part 2 (nonpr	iority unsec	cured claims)	from line 6j	of Schedule	E/F		+ \$17,466.00
							Y	our total li	abilities	\$20,966.00
Pa	rt 3: Su	mmarize You	r Income a	nd Exper	nses					

Schedule I: Your Income (Official Form 106I)

Schedule J: Your Expenses (Official Form 106J)

Copy your combined monthly income from line 12 of Schedule I.....

\$2,069.17

\$1,944.00

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F	Answer	These Questions for Administrati	ive and Statistical Records		
6.	Are you filing for b	ankruptcy under Chapters 7, 11, or 13?			
	☐ No. You have ✓ Yes	nothing to report on this part of the form. Ch	heck this box and submit this form to t	he court with yo	ur other schedules.
7.	What kind of debt of	lo you have?			
		e primarily consumer debts. Consumer de ehold purpose." 11 U.S.C. § 101(8). Fill out	•		a personal,
		not primarily consumer debts. You have court with your other schedules.	e nothing to report on this part of the fo	orm. Check this	box and submit
8.		nt of Your Current Monthly Income: Copy y Line 11; OR, Form 122B Line 11; OR, Form	•	ı	\$1,791.00
9.	Copy the following	special categories of claims from Part 4,	line 6 of Schedule E/F:		
			Tota	ıl claim	
	From Part 4 on Sci	nedule E/F, copy the following:			

From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case: Debtor 1 Joseph Landers, III Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ☐ Check if this is an (if known) amended filing

#### Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below						
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?						
<b>☑</b> No						
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).					
Under penalty of perjury, I declare that I have true and correct.	read the summary and schedules filed with this declaration and that they are					
X /s/ Joseph L Landers, III  Joseph L Landers, III, Debtor 1	X Signature of Debtor 2					
Date <u>03/23/2016</u> MM / DD / YYYY	Date					

Fill in this info	ormation to iden	tify your		Page 35 of 45		
		itily your		1		
Debtor 1	Joseph First Name	Middle Name	Landers, II e Last Name	<del>"</del>		
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	e Last Name			
United States Bar	nkruptcy Court for the	: NORTHE	RN DISTRICT OF IL	LINOIS		
Case number					☐ Check if this	is an
(if known)					amended fili	
Official Form	107					
Statement o	 f Financial Af	fairs for	Individuals Fil	ling for Bankrı	uptcy	12/15
correct informatio		needed, atta	ach a separate sheet to		e equally responsible for su op of any additional pages,	
Part 1: Giv	e Details About	Your Mar	ital Status and Wh	nere You Lived Be	efore	
1. What is your	current marital statu	ıs?				
☐ Married	current maritar state	13:				
✓ Not marrie	ed					
_	st 3 years, have you	lived anyw	here other than where	you live now?		
☑ No ☐ Yes. List	all of the places you l	lived in the la	ast 3 years. Do not incl	ude where you live no	w.	
(Community p					ity property state or territo rada, New Mexico, Puerto Rid	•
<b>☑</b> No						
Yes. Mak	e sure you fill out Sci	hedule H: Yo	our Codebtors (Official F	Form 106H).		
Part 2: Exp	olain the Source	s of Your	Income			
Fill in the total	amount of income yo	ou received f	or from operating a bu from all jobs and all bus ne that you receive toge	inesses, including par		endar years?
□ No <b>⊽</b> Yes. Fill i	n the details.					
		De	ebtor 1		Debtor 2	
		Sou	urces of income	Gross income	Sources of income	Gross income
			eck all that apply.	(before deductions and exclusions	Check all that apply.	(before deductions and exclusions
From January 1 of the date you filed	the current year un	ntil 🗹	Wages, commissions, bonuses, tips	\$5,371.00	Wages, commissions, bonuses, tips	
the date you med	ioi bankiupicy.		Operating a business		Operating a business	
		Ц	3			
For the last calend	dar year:		Wages, commissions, bonuses, tips	\$28,000.00	Wages, commissions, bonuses, tips	
(January 1 to Dece	mber 31, <u>2015</u> )		Operating a business		Operating a business	
For the calendar y	ear before that:		Wages, commissions,	\$38,000.00	Wages, commissions,	
(January 1 to Dece	mber 31, 2014 )		bonuses, tips Operating a business		bonuses, tips  Operating a business	

Deb	tor 1	Joseph	-09976 <u>L</u>	Doc 1	Filed 03/23/16 Doewnenti	Entered 03/23/16 12:11:48 Page 36 @fs45mber (if known)	Desc Main	
_		First Name		ddle Name	Last Name			
5.	Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.							
	List each source and the gross income from each source separately. Do not include income that you listed in line 4.							
	✓ No ☐ Yes	s. Fill in the	details.					
Pa	art 3:	List Ce	rtain Paym	nents You	Made Before You	Filed for Bankruptcy		
6.	Are eith	ner Debtor	1's or Debtor	r 2's debts p	rimarily consumer debt	ts?		
	□ No.				as primarily consumer of y for a personal, family, o	debts. Consumer debts are defined in 11 U.S r household purpose."	.C. § 101(8) as	
		During t	he 90 days be	efore you file	d for bankruptcy, did you	pay any creditor a total of \$6,225* or more?		
		☐ No.	Go to line 7.					
		☐ Yes.	total amount	t you paid tha	at creditor. Do not includ	of \$6,225* or more in one or more payments a e payments for domestic support obligations, s ayments to an attorney for this bankruptcy cas	such as	
		* Subjec	t to adjustme	nt on 4/01/16	6 and every 3 years after	that for cases filed on or after the date of adju	stment.	
	<b>✓</b> Yes	s. Debtor	1 or Debtor 2	or both hav	ve primarily consumer o	debts.		
		During t	he 90 days be	efore you file	d for bankruptcy, did you	pay any creditor a total of \$600 or more?		
		✓ No.	Go to line 7.					
		☐ Yes.	creditor. Do	not include		of \$600 or more and the total amount you paid upport obligations, such as child support and a his bankruptcy case.		
7.	Insiders corpora agent, i	s include yo tions of whi ncluding on	ur relatives; a ch you are an	any general p officer, directs ess you opera	partners; relatives of any ctor, person in control, or	ment on a debt you owed anyone who was general partners; partnerships of which you are owner of 20% or more of their voting securitie 11 U.S.C. § 101. Include payments for domes	e a general partner; s; and any managing	
	✓ No	s. List all pa	ayments to an	insider.				
8.		1 year befo ed an insid	-	for bankrupt	tcy, did you make any p	ayments or transfer any property on accou	nt of a debt that	
	Include	payments of	on debts guara	anteed or co	signed by an insider.			
	✓ No ☐ Yes	s. List all pa	ayments that b	penefited an	insider.			

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Debtor 1

Joseph

Doewnenti

First Name Middle Name

Last Name

Page 37 confised 5 imber (if known)

Part 4:	Identify Legal Actions, Repossessions, and Foreclosures
9 Within 1	year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceedi

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custod modifications, and contract disputes.					
	✓ No ☐ Yes. Fill in the details.				
10.	Within 1 year before you filed for bankruptcy, v seized, or levied?  Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.	vas any of your property repossessed, foreclo	osed, garnished, a	attached,	
		Describe the property	Date	Value of the property	
City	of Chicago	1997 BMW, impounded for tickets	12/2015	\$2,000.00	
	itor's Name	-	12/2013	Ψ2,000.00	
		- Fundain what havened			
Num	ber Street	Explain what happened  Property was repossessed.			
		Property was foreclosed.			
		☐ Property was garnished.			
City	State ZIP Code	Property was attached, seized, or levied.			
11.	Within 90 days before you filed for bankruptcy, amounts from your accounts or refuse to make   ✓ No  ✓ Yes. Fill in the details.	•	l institution, set o	ff any	
12.	Within 1 year before you filed for bankruptcy, v creditors, a court-appointed receiver, a custodic		an assignee for t	he benefit of	
	✓ No ☐ Yes				
P	art 5: List Certain Gifts and Contribu	utions			
13.	Within 2 years before you filed for bankruptcy,	did you give any gifts with a total value of mo	re than \$600 per	person?	
	✓ No ☐ Yes. Fill in the details for each gift.				
14.	Within 2 years before you filed for bankruptcy, to any charity?	did you give any gifts or contributions with a	total value of mor	re than \$600	
	✓ No ☐ Yes. Fill in the details for each gift or contribu	ution.			

Case 16-09976 Doc 1 Filed 03/23/16 Entered 03/23/16 12:11:48 Desc Main Page 38 costs 45 mber (if known) Joseph Doewnenti Debtor 1 Middle Name Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **☑** No ☐ Yes. Fill in the details. Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy. Yes. Fill in the details. Description and value of any property transferred Date payment Amount of or transfer was payment Robert J. Adams & Associates made Person Who Was Paid 901 W. Jackson, Suite 202 03/23/2016 \$400.00 Number Street Chicago IL 60607 State **7IP Code** Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. **№** No Yes. Fill in the details. 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **☑** No ☐ Yes. Fill in the details. 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) **☑** No Yes. Fill in the details.

Case 16-09976 Filed 03/23/16 Entered 03/23/16 12:11:48 Desc Main Doc 1 Joseph Doewheenti Page 39 coafs 45 imber (if known) Debtor 1 Middle Name Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. **№** No ☐ Yes. Fill in the details. 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? **№** No ☐ Yes. Fill in the details. 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☐ Yes. Fill in the details. Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **☑** No ☐ Yes. Fill in the details. **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? **☑** No ☐ Yes. Fill in the details. 25. Have you notified any governmental unit of any release of hazardous material?

Yes. Fill in the details.

Deb	Case 16-09976 Doc 1 Filed 03/23/16 Entered 03/23/16 12:11:48 Desc Main Doc 1	_
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.	
	✓ No  ✓ Yes. Fill in the details.	
P	art 11: Give Details About Your Business or Connections to Any Business	_
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?	
	<ul> <li>A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time</li> <li>A member of a limited liability company (LLC) or limited liability partnership (LLP)</li> <li>A partner in a partnership</li> <li>An officer, director, or managing executive of a corporation</li> <li>An owner of at least 5% of the voting or equity securities of a corporation</li> </ul>	
	<ul><li>✓ No. None of the above applies. Go to Part 12.</li><li>✓ Yes. Check all that apply above and fill in the details below for each business.</li></ul>	
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.	
	☐ No ☐ Yes. Fill in the details below.	
P	art 12: Sign Below	_
that pro or b	to read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury to answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or perty by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
-	Joseph L Landers, III X  Joseph L Landers, III, Debtor 1 Signature of Debtor 2	
I	Date Date	
Did	you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?	
	No Yes	
Did	you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	
	No Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

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B2030 (Form 2030) (12/15)

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In	re Joseph L Landers, III	Case No.			
		Chapter	13		
	DISCLOSURE OF COMPENSATION	N OF ATTORNEY FOR	DEBTOR		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce that compensation paid to me within one year before the filing o services rendered or to be rendered on behalf of the debtor(s) i is as follows:	of the petition in bankruptcy, or a	agreed to be paid to me, for		
	For legal services, I have agreed to accept	\$3	3,500.00		
	Prior to the filing of this statement I have received		\$400.00		
	Balance Due	\$3	3,100.00		
2.	The source of the compensation paid to me was:				
	☑ Debtor ☐ Other (specify)				
3.	The source of compensation to be paid to me is:				
	☑ Debtor ☐ Other (specify)				
4.	✓ I have not agreed to share the above-disclosed compensation associates of my law firm.	tion with any other person unle	ss they are members and		
	☐ I have agreed to share the above-disclosed compensation associates of my law firm. A copy of the agreement, togeth compensation, is attached.	·			
5.	In return for the above-disclosed fee, I have agreed to render le	egal service for all aspects of th	e bankruptcy case, including:		
	a. Analysis of the debtor's financial situation, and rendering advantage bankruptcy;	vice to the debtor in determining	g whether to file a petition in		
	b. Preparation and filing of any petition, schedules, statements	of affairs and plan which may b	pe required;		

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/23/2016 /s/ Robert J. Adams & Associates

Date Robert J. Adams & Associates
Robert J Adams & Associates

901 W Jackson Suite 202 Chicago, IL 60607

Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

/s/ Joseph L Landers, III

Joseph L Landers, III

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IN RE: Joseph L Landers, III CASE NO

CHAPTER 13

# **VERIFICATION OF CREDITOR MATRIX**

	The above	e named De	btor hereby	verifies tha	it the attache	ed list of	f creditors	is true an	d correct to	the best of	of his/her
know	rledge.										

Date	3/23/2016	Signature /s/ Joseph L Landers, III  Joseph L Landers, III
Date		Signature

AT&T PO Box 5093 Carol Stream, IL 601975093

Bank of America PO Box 84006 Columbus, GA 31908

City of Chicago-tickets Dept. of Revenue 121 N. LaSalle St., Room 107A Chicago, IL 60602

Comcast PO Box 3002 Southeastern, PA 19398

ComEd PO Box 6111 Carol Stream, IL 60197

Contract Callers, Inc. 501 Greene Street 3rd Floor, Suite 302 Augusta, GA 30901

DIVERSIFIED CONSULTANTS P.O.Box 551268
Jacksonville, FL 32255

ENHANCED RECOVERY COMPANY P.O.Box 57547 Jacksonville, FL 32241

Medical Business Bureau, Inc. PO Box 1219 Park Ridge, IL 60068-7219

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Merchants Credit Guide 223 W Jackson BLVD Suite 900 Chicago, IL 60606-6908

Peoples Gas n/k/a People's Energy 200 E. Randoph Chicago, IL 60687-6207

Robert J. Adams & Associates 901 W. Jackson, Suite 202 Chicago, IL 60607

Saint Mary & Elizabeth Hospital 2233 W. Division St. Chicago, IL 60622

Secretary of State Drivers Service Department Parking Citation Section Springfield, IL 62723

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